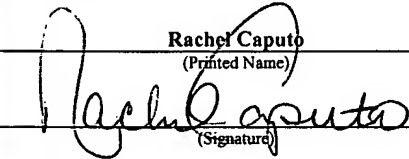




Atty. Dkt. No. 041673-2115

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, Mark H.
Title: METHODS FOR THERAPY OF
NEURODEGENERATIVE
DISEASE OF THE BRAIN
Appl. No.: 10/748,337
Filing Date: 12/29/2003
Examiner: Lieto, Louis D.
Art Unit: 1632

| | |
|--|-------------------|
| CERTIFICATE OF EXPRESS MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| EV 727839472 | 07/19/2005 |
| (Express Mail Label Number) | (Date of Deposit) |
| Rachel Caputo | |
| (Printed Name) | |
|  | |
| (Signature) | |

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[X] The fee required for additional claims is calculated below:

| | Claims As Amended | | Previously Paid For | | Extra Claims Present | | Rate | | Additional Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims: | 15 | - | 20 | = | 0 | x | \$50.00 | = | \$0.00 |
| Independent Claims: | 1 | - | 3 | = | 0 | x | \$200.00 | = | \$0.00 |
| First presentation of any Multiple Dependent Claims: | | + | | | | | \$360.00 | = | \$0.00 |

CLAIMS FEE TOTAL = \$0.00

- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

| | | |
|--|------------|------------|
| [] Extension for response filed within the first month: | \$120.00 | \$0.00 |
| [] Extension for response filed within the second month: | \$450.00 | \$0.00 |
| [X] Extension for response filed within the third month: | \$1,020.00 | \$1,020.00 |
| [] Extension for response filed within the fourth month: | \$1,590.00 | \$0.00 |
| [] Extension for response filed within the fifth month: | \$2,160.00 | \$0.00 |
| EXTENSION FEE TOTAL: | | \$1,020.00 |
| [X] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$130.00 | \$130.00 |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: | | \$1,150.00 |
| [X] Small Entity Fees Apply (subtract ½ of above): | | \$575.00 |
| TOTAL FEE: | | \$575.00 |

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$575.00. A duplicate copy of this transmittal is enclosed.

- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7-19-05

By Stacy L. Taylor

FOLEY & LARDNER LLP
Customer Number: 30542
Telephone: (858) 847-6720
Facsimile: (858) 792-6773

Stacy L. Taylor
Attorney for Applicant
Registration No. 34,842